

SHB 2404 - S AMD TO HEA COMM AMD (S5589.1) **335**
By Senator Jacobsen

1 On page 6, after line 33 of the amendment, insert the following:

2 "NEW SECTION. **Sec. 7.** (1) There is a need for a process for the
3 fair consideration of disputes relating to decisions by retainer
4 medicine providers that offer retainer health care practices to deny,
5 modify, reduce, or terminate coverage of or provision of primary care
6 services for a retainer subscriber.

7 (2) A retainer subscriber may seek review by a certified
8 independent review organization of a provider's decision to deny,
9 modify, reduce, or terminate coverage of provision of a primary health
10 care service, and receiving a decision that is unfavorable to the
11 retainer subscriber, or after the retainer health care practice has
12 exceeded the timelines for grievances required under this chapter,
13 without good cause and without reaching a decision.

14 (3) The commissioner must establish and use a rotational registry
15 system for the assignment of a certified independent review
16 organization to each dispute. The system should be flexible enough to
17 ensure that an independent review organization has the expertise
18 necessary to review the particular medical condition or service at
19 issue in the dispute.

20 (4) Retainer health care practices must provide to the appropriate
21 certified independent review organization, not later than the third
22 business day after the date the retainer health care practice receives
23 a request for review, a copy of:

24 (a) Any medical records of the retainer subscriber that are
25 relevant to the review;

26 (b) Any documents used by the retainer health care practice in
27 making the determination to be reviewed by the certified independent
28 review organization;

29 (c) Any documentation and written information submitted to the
30 retainer health care practice in support of the appeal; and

1 (d) A list of each provider who has provided care to the retainer
2 subscriber and who may have medical records relevant to the appeal.

3 (5) The medical reviewers from a certified independent review
4 organization will make determinations regarding the medical necessity
5 or appropriateness of, and the application of retainer agreement
6 coverage provisions to, primary care services for a retainer
7 subscriber. The medical reviewers' determinations must be based upon
8 their expert medical judgment, after consideration of relevant medical,
9 scientific, and cost-effectiveness evidence, and medical standards of
10 practice in the state of Washington. Except as provided in this
11 subsection, the certified independent review organization must ensure
12 that determinations are consistent with the scope of covered primary
13 care benefits as outlined in the retainer agreement. Medical reviewers
14 may override the provider's medical necessity or appropriateness
15 standards if the standards are determined upon review to be
16 unreasonable or inconsistent with sound, evidence-based medical
17 practice.

18 (6) Once a request for an independent review determination has been
19 made, the independent review organization must proceed to a final
20 determination, unless requested otherwise by both the provider and the
21 retainer subscriber or the retainer subscriber's representative.

22 (7) Retainer health care practices must timely implement the
23 certified independent review organization's determination, and must pay
24 the certified independent review organization's charges.

25 (8) When a retainer subscriber requests independent review of a
26 dispute under this section, and the dispute involves a retainer health
27 care practice's decision to modify, reduce, or terminate an otherwise
28 covered primary care service that a retainer subscriber is receiving at
29 the time the request for review is submitted and the retainer health
30 care practice's decision is based upon a finding that the primary care
31 service, or level of primary care service, is no longer medically
32 necessary or appropriate, the retainer health care practice must
33 continue to provide the primary care service if requested by the
34 retainer subscriber until a determination is made under this section.
35 If the determination affirms the retainer health care practice's
36 decision, the enrollee may be responsible for the cost of the continued
37 primary care service.

1 (9) A certified independent review organization may notify the
2 commissioner if, based upon its review of disputes under this section,
3 it finds a pattern of substandard or egregious conduct by a retainer
4 health care practice.

5 (10) The commissioner shall adopt rules to implement this section."

6 Renumber the remaining sections consecutively and correct internal
7 references accordingly.

EFFECT: Requires retainer medicine practices to offer independent review when a retainer subscriber does not agree with a provider's decision to deny, modify, reduce, or terminate coverage or provisions of a primary care service.

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